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CONFIRMATION NO. 2816

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|---|---|-------------------------------|---|-------------------------------------|--------------------------------|
| SERIAL NUMBER 10/765,977 | FILING OR 371(c) DATE 01/29/2004 RULE | CLASS 434 | GROUP ART UNIT 3711 | ATTORNEY DOCKET NO. 14431 | |
| APPLICANTS Tracy Hall, Land O'Lakes, FL; <i>10</i> | | | | | |
| ** CONTINUING DATA ***** <i>10</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>10</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/12/2004 ** SMALL ENTITY ** | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>10</i> Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY FL | SHEETS DRAWING 2 | TOTAL CLAIMS 9 | INDEPENDENT CLAIMS 2 |
| ADDRESS 293 | | | | | |
| TITLE Implement for speech therapy | | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |